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APPLICANTS

Sudhir Bhatia, Brooklyn, NY;
 Alistair Hamilton, Stony Brook, NY;
 Jaeho Choi, Whitestone, NY; Curt Croley, Stony Brook, NY;
 Thomas Wulff, North Patchogue, NY;

** CONTINUING DATA ***** N/A KN

** FOREIGN APPLICATIONS ***** N/A KN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 10
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ADDRESS
 23623
 AMIN & TUROCY, LLP
 1900 EAST 9TH STREET, NATIONAL CITY CENTER
 24TH FLOOR,
 CLEVELAND, OH
 44114

TITLE
 Mobile terminal with ergonomic housing

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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